

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593531

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51					
2				/				52					
3								53					
4			/					54					
5			/					55					
6				/				56					
7					/			57					
8						/		58					
9			/					59					
10				/				60					
11				/				61					
12			/					62					
13				/				63					
14				/				64					
15					/			65					
16			/					66					
17				/				67					
18					/			68					
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21						/		71					
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23								73					
24								74					
25								75					
26			/					76					
27				/				77					
28					/			78					
29						/		79					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			10					TOTAL IND.					
TOTAL DEP.			18					TOTAL DEP.					
TOTAL CLAIMS			28					TOTAL CLAIMS					